UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03560.003347	
First Name	d Inventor or Application Identifier	
KEIJI OKINAKA ET AL.		
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDR	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. Fee Transmi (Submit an orig	mittal Form original, and a duplicate for fee processing)		7.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. Applicant cla See 37 CFR	aims small entity status.		8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			nission
3. X Specification	Total Pa	ges 28		a C	Computer Readable	Form (CRF)	126 126
4. X Drawing(s) (5. X Oath or Decl	35 USC 113) Total Sh			i(ation Sequence Lis CD-ROM or CD-R (paper		15535 U.S 10/656
a. X Ne	ewly executed (original or c	юру)		c 8	Statements verifying	g identity of abov	re copies
ł				ACCOM	PANYING APPLIC	ATION PARTS	
	opy from a prior application or continuation/divisional with		9. X		Papers (cover sheet	& document(s))	
i. <u>{</u> }	DELETION OF INV Signed Statement at	ttached deleting	10.		B(b) Statement e is an assignee)	Power	of Attomey
	inventor(s) named in 37 CFR 1.63(d)(2) a	n the prior application, nd 1.33(b).	see 11.	English Tra	nslation Document	t (if applicable)	
6. X Application [Data Sheet. See 37 CFR 1	1.76	12. X		Disclosure (IDS)/PTO-1449	X Copie	s of IDS ons
			13.		Amendment		
1			14. X		eipt Postcard (MPI specifically itemize		
			15.		opy of Priority Docu priority is claimed)	ıment(s)	
			16	Other:			
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Continuation		<u> </u>	upply the requisite	of prior app	olication No/_		
Prior application informat	tion: Examiner			Group/Art U	nit:		
considered a part of the	R DIVISIONAL APPS only: TI disclosure of the accompanyi ortion has been inadvertently	ing continuation or div	isional application	and is hereby i			
ļ		18. CORRE	SPONDENCE ADD	DRESS	,		
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below				below			
NAME							
Address							
City		State			Zip Code		
Country		Telephone			Fax		

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	15-20 =	0	X \$ 18.00 =	\$000.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (37	CFR 1.16(d))	\$280.00 =	\$000.00
				BASIC F (37 CFR 1.1	
			Total of	above Calculatio	ns = \$834.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTA	AL = \$834.00
9. Sn a.	nall entity status A small er	ntity statement is enclose	d		AL - \$\psi 0004.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Elizabeth F. Holowacz (Reg. No. 42,667)			
SIGNATURE	Clippout & Wolawacy			
DATE	September 5, 2003			